Cases of Juvenile Psychasthenia: To Illustrate Successful Treatment.

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CASES OF JUVENILE PSYCHASTHENIA: TO ILLUSTRATE SUCCESSFUL TREATMENT.[1]

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Definition. The conception which Janet has formed of psychasthenia is described by him in so masterly a manner as "mental uneasiness, a state of disquiet, feelings of incompleteness, without anatomical lesions." These are interpreted by him as due to the diminution of "psychological tension." Hence, the superior functions of the brain, those of correct associations of ideas and emotions, are replaced by such inferior activities as motor impulsions, such as tics, dromomania, and other motor agitations; emotionally by distress (angoisse) and morbid fears (phobias); and intellectually by mental ruminations and manias. It is the interpretation of this state by the patient of intellectual type which leads to more systematized obsessions, which it is useless to attack directly by persuasion, for they represent a much more profound cause of which they are only a last expression. Janet recognizes the likeness of this condition to that found in cerebral "neurasthenia" of the classic type and some kinds of paranoia. There are certain resemblances also to epilepsy and hysteria. He thinks the psychasthenia may be due to an intoxication or congestion, varying with the influence of infectious diseases, fatigues, and emotions in accordance with a predisposing heredity.

The syndrome which Janet calls psychasthenia had often been noticed previously and described under such names as cerebral neurasthenia, phrenasthenia, disequilibrated degeneracy, and monomania. Janet's great merit is to have shown the essential identity between manifestations which appear so different. For example, he has shown that agorophobia and claustrophobia are really two variants of a state of fear which has become morbid by being inopportune and out of harmony with reality; furthermore, the states of phobia, or angst, are merely two of the manifestations which the same patient may show when suffering from psychas-

[1] Read in the Pediatric Section, Amer. Med. Assoc., Atlantic City, June, 1912.

thenia. Motor impulsions, of which the tics are a striking example, are merely another way in which is expressed the fundamental state of "incompleteness."

In some patients neither emotional nor motor symptoms are conspicuous; but the asthenia of the psyché reveals itself by a state of intellectual doubt, by need for verification of minute details, indecision, and a feeling of difficulty in arriving at certitude regarding the reality of anything. Janet considers the last the cardinal symptom of psychasthenia, and calls it "the loss of the function of the real." Naturally, this leads to a longing for moral support, comfort, and affection, and entails a fear of being alone, or in extreme cases, sometimes the moral distress leads the patient to relieve it by artificial excitants. Work and pleasure may be employed; but too often nepenthe is sought in narcotic drugs or debauch.

Psychasthenia in Children. The full syndrome is only possible in people of complex intellect with highly developed emotions. Hence, children can hardly show it completely. Janet, moreover, studied psychasthenia in children only retrospectively through the reminiscences of his many patients. Although he himself indicates the conditions in childhood which favor the psychasthenic state, he has not unravelled its genesis so completely as have more recent analysts of psychoneurotic persons.

All agree that the scrupulosity and over-conscientiousness which mark the psychasthenic character are the result of over-strict training ill-adapted to the need for untrammeled unfolding required for a child's proper development. The moral and religious sanctions which appeal to the adult are injurious to this development, unless they are specially adapted to a child's intelligence and needs.

This opinion, although well founded, is based upon wide observation rather than upon individual analysis of children; for I know of no psycho-analyses of young children by trained men, with the exception of one made on a five-year-old boy by Freud, which is vitiated as an experiment because the boy's mother had been analyzed by Freud and was herself permeated with his ideas, so that it is impossible to exclude the influence of these upon her child.

Thus it is particularly gratifying to be able to bring forward some observations on psychasthenic children whom I had the opportunity of analyzing. More especially is this satisfactory because recovery was obtained in each case, and best of all, this occurred without the enormous expenditure of time which is believed to be essential for reaching the curative point in a psycho-analysis. Working against time to catch a train, three-quarters of an hour sufficed in the first case, and not more than an hour was consumed in the examination of the second case. In both cases, however, the history

had been previously obtained. The third case, in an older child, more complex, although not completely analyzed, was cured as a result of four interviews which averaged less than an hour each. This economy of time is only possible to one who is experienced in the technique and psychopathological data, so that he may not be led by false scents to explore by-paths without practical significance. When this capacity is attained, the method can be employed in private practice; and even dispensaries should not be deprived of its advantages,[2] for there are few procedures of practical medicine in which the direct benefits are of greater value than in the restoration to economic and social capacity of the suffering psychoneurotic, who is not only a sufferer himself, but a burden to all his connections.[3]

Tics from Monomania. Case I.—A girl, aged eight years, an only child, was sent to a Washington sanatorium because of numerous grimaces and gestures. These led her attendants to believe she suffered from chorea, to give her large doses of arsenic, and to isolate her from her friends, while overfeeding her. At the end of a month she returned to the country, the morbid movements having ceased, but she suffered from insomnia and was unable to go to school, in the belief of the parents, because of her "nervousness," which was especially conspicuous when reading and studying was required. When she was nine years old I was asked to see her by her uncle, Dr. Perry, of Lyons Creek, Maryland, in the hope that something further could be done.

I found a well-nourished, self-contained, sensible child, without apparent shyness, overforwardness, or hyperexcitability; but she was apt to talk rather fast, and stammered now and then. I soon discovered that she was fond of play and the companionship of which she had been deprived, to compensate for which she made believe that the objects and persons of her play were real. So rigorously was she protected that the conceptions of lying and stealing were hardly clear to her. She had been strictly managed, scolded, and repressed a good deal. She was once whipped for persistent dawdling on her way home from school. She did not remember other corporal punishments. Her life, however, was not felt to be unhappy; for she was very obedient, and was not galled by the good manners expected of her. However, she wanted to grow up, hated people to call her little, and disliked the spoiling which was a tendency of her father before her sickness. Although she did not repine at staying from school, she wished to learn to read and write; but as lessons agitated and kept her awake, she employed herself in play.

[2] See author's "Care of the Mentally Disturbed," New York Med. Jour., September 29, 1912, in which is described the organization of such a hospital and dispensary.

[3] The basic principles upon which are founded the methods of management of cases of this kind were first set forth in the author's "Psychotherapeutics: A Symposium," in 1909, in the chapter on "Psychoprophylaxis in Childhood;" also in Jour. Abnormal Psychol., June, 1909.

The source of the movements she had made was revealed after some hesitancy. It seemed that her mother had taught her, when aged about five years, that people lived by inspiring the air and what they expired was hurtful. This thought led to a distressing compunction about the noxiousness of her breath; if it was bad it must hurt others.

Now her training had been such that to hurt others was a great offense; but not to breathe was to die. Out of this dilemma she found a way. Hurts could be mended; when injured did not some one "kiss it better"? Could not she then kiss better her own bad breath so that it would not injure others? Accordingly she made movements of her lips, which represented the healing kiss to ward off the danger of the deadly air she expired.

Later on her discontent was augmented by scruples against the injury she did by walking upon creatures with the hard and sharp heels of her shoes. Even the planks of the floor were of the animated world, which it was wrong to destroy or injure. To assuage the distressing thought of this, compensation must be made. She found it in another legendary therapeutic procedure, the healing touch. So it became her habit, before walking over an object, to bend and touch it with her hand.

These procedures belong to the class of mental manias which Janet has called manias of expiation. In their motorial character they approach the tics, into which they gradually blend. That they had done so to some extent in this case is shown by the fact that the kissing nature of the lip movements had not been suspected.

That the movements had not developed entirely into mere symbolic vestiges of their original purpose was due to their arrest comparatively early. That they would have developed into characteristic tics[4] is confirmed by the distress the child suffered in overcoming them. She did so after being in the sanatorium a few days, and did it deliberately and by a hard struggle, because she wished to return home, and they had promised that she could do so if the movements ceased. It is possible that the nurse who said this had an inkling into the psychological character of the child's disorder. After she succeeded, the desire to repeat the movements quickly ceased, although she does not know that she was enlightened regarding her notions about the hurtfulness of expired air and hard heels.

Proceeding to the genesis of the insomnia and difficulty in reading and study, interrogation showed a simple mechanism. Apprehension as to their consequences was raised in the child by the attitude of the parents, whose open fear lest they should perturb the child reminded me of the procedure of the mother of the boy

[4] The nature and diagnosis of tic is discussed by the author in the Southern Medical Journal, August, 1909; Monthly Cyclopedia, January, 1910; International Journal of Surgery, August, 1910.

whose hysterical hydrophobia was precipitated by her sitting by his bed reading about rabies two weeks after he had been bitten by a supposedly mad dog.[5] So in this case the ostentation of their solicitude provoked in the child that which they feared.

TREATMENT. The explanation of these mechanisms to both parent and child was the first task, and it proved simple, for they were intelligent people. The corollary that the child was not morbid except by induction was then set forth. The conclusion was that the child should resume study and return to school in the fall in every respect like an ordinary child, now that the mother and father were warned against the evil consequences of unwise solicitude, and the induction of hyperconscientiousness in matters beyond the intelligence of a young child. The result has justified expectations, the child taking part in the school life with enjoyment.

Some might explain the case as a "fear wish" reaction of the ædipus type in relation to father and mother. Indeed, to the exponents of the theory upon which it depends the patient's history is not without significance, and in the absence of a dream analysis they cannot be satisfied in rebuttal. The fact, however, rests that a painful complex originating at least by the fifth year had resulted in psychogenetic symptoms, and this complex depended upon a moral concept in which the sexual life seemed to play no part whatever.

This plain mechanism of fear of bodily harm from without seems to be a much more fundamental feeling, if one is to appeal to phylogeny, than is that concerning the relations with others termed sexual. Even hedonic affects occurring autochthonously in childhood, although of the same genus as that which later effloresces into sexual emotivity, do not by any means in themselves give origin to perturbations of the psyché either in childhood or later. I say in themselves, for I believe that the perverted affectivity from which arise so many obsessions, phobias, etc., is always the product of induction, if not directly and naively from without, at least by logical induction from data acquired by observation or didaction of the conventions of family and social life. The child's avidity to relate himself correctly to these, to behave as a grown up, that being of marvelous privileges, is not sufficiently realized. It makes him seize upon the most trifling detail for imitation. One of his objects is to transcend the amusement he provokes in trying. The shame he feels at the ridicule with which his attempts are so often met causes him to keep them to himself in half shame.

CASE II.—Thus in a case of which the analysis occupied over a year, and would accordingly take too long to recount, the obsessions, which were mainly sexual scruples fundamentally, had as their basis the moral and religious repressions of the patient's

[5] Miller, Jour. Abnor. Psy., 1910.

childhood. It was the horror and loathing of everything pertaining to the corporeal which caused the child, when aged six years, to look upon a hedonic state which used then to occur as a sinful one, which prevented even speaking of it to the mother, and which was the incentive for the repression of indulgences demanded by a most affectionate nature, for in the family all display of affection was discountenanced. It was the lurking fear of that which was awful, because unfaced and vague, but which contained inexplicable potentialities for evil, which later permeated the patient's relations with fellow-beings to a degree which produced utter incapacity for daily life.

Prepuberal Impulsions. Case III.—Let me ask you to contrast on the one hand the loss of a quarter of a century of fruitful activity by this patient, the lack of good sense in whose upbringing was so late compensated for by what we have learned of psychopathology: with the immediate compensation of an entirely similar syndrome in a clergyman's child, aged ten years, whom I saw recently. One day she would be well and the next crying, feeling miserable, tired, and dizzy, with a dull headache as a result of lying in bed thinking. The preceding summer at school she had been irritable, cross, impatient, and quarrelsome with her sister. She had formerly been easy to manage and full of life and joy. Her mother was most anxious, and took pains to avoid startling or fatiguing her, and in the belief that it exhausted the child, forbade the impulsive squeezing and kissing which the child frequently desired. She had noticed that the little girl was less impulsive and irritable when having something to do, but she had been taken from school, which seemed to aggravate her nervousness.

The physical examination was negative, with the exception of a slight hyperopic astigmia and a variable visual acuity without apparent cause (Dr. F. N. Chisholm, who referred her).

Psychically, intelligence was normal. She was timid, hyperconscientious, and much concerned at having been reproved for impulsive shouting, for violent hugging of her parents, and because of some eau de cologne she took. This had really been taken by the little sister, who was punished for it. She was sometimes so unhappy and miserable that she did not want other children near her, and she was most unhappy because she was not allowed to show her affection for her father and mother, of whom she is very fond, more especially of the latter. Her dreams are rare, but she recollected one of a white-bearded man who dragged her from the bed by her hair and another of a wild animal trying to eat her. I could not at the time obtain any associations from either of these, and, indeed, I was more concerned relieving without delay the intensity of the repressions which made the child's life a burden.

A physical factor complicated the case, the child eating excessively

of meats and oatmeal, and making her principal meal at night. I believed this was the initial cause[6] of the irritability of temper and the impulsiveness which led the overconscientious parents to repress overmuch.

Treatment. Mid-day dinner was prescribed, and a supper mainly of carbohydrates and fruit, after which she should not go to bed for at least an hour. On waking in the morning the child was instructed to make a practice of getting up and going outside instead of ruminating in bed. The parents were told to avoid nagging her about trifles, and her behavior was to be left to take care of itself at present. Her affections were to be indulged and reciprocated; she was given plenty to do, and was sent back to school in a few days. This policy resulted in complete recovery within two weeks, the child being as happy and joyous as she formerly was.

Diagnosis. I considered this a prepuberal emotionalism attributable to an incorrect dietary and greatly aggravated by parental interference, well meant but entirely injudicious. This last, the psychogenetic factor of the situation, was the main pathogen of a state which might have eventually attained a gravity like that of the case with which it contrasts.

Thus the psychasthenia of this little girl was cut short long before its root branched into mental manias or before there was a hint of obsessions or phobias. It may astonish one that I include this case in the psychasthenia of Janet, as it is without the stigmata or cardinal symptoms of that disorder, if we except the impulsiveness and the inadequacy which were hardly even conscious. The justification of such a diagnosis need not, however, detain us, for it has been set forth in explanation of the case of a child, aged only two years, which I reported to the Psychological Society of Paris in 1910.[7]

Multiple Manias of Expiation. Case IV.—However, in the following case the psychasthenic syndrome was in full efflorescence:

A boy, aged thirteen years, was referred by Dr. Guy Latimer, of Hyattesville, Md., because of extreme timidity, many "nervous" tricks, and an inability to concentrate his attention. The most conspicuous symptoms were an arithmomania, a mania for verification, including a "délire de toucher" and a "manie du sort," one of the forms of which was the imperative need of lying on his back on the floor at frequent intervals while dressing in the morning. These various mannerisms intermitted and replaced one another.

Analysis revealed that all were in reality expiatory penances for a jealousy of his little brother, which had already begun at the age of three years, when he asked that the baby be thrown from the

[6] See author's "Diet in Nervous Disorders," New York Med. Jour., April 6, 1912; Canada Public Health Journal, June, 1912.

[7] See also Arch. of Pediat., 1910.

window, and once banged his head on the floor while enraged. He himself had always been much petted, and he craved it. It was the reproval of an aunt which first created the shame for his jealousy and led him to make penance in these fashions. Latterly, he had been urged to cease his peculiarities, and can stop any of them when on the alert by a hard struggle. His distress at doing so, moreover, soon passes away. But his frequent absence of mind in day dreams, which he loves, interferes with his endeavors. This tendency was favored by his not having been allowed to play the games of which he is fond with the boys in the neighborhood, which is a rather rough one.

This desire for expiation began when he was aged between three and four years, by thinking it was mean not to give his toys away and so he gave them all to his brother. He was told that it was naughty to be jealous, and he felt ashamed, but did not cry, but just sank into himself and said nothing. He still reproached himself. If his mother did not pet him for a week he thought she did not care for him, and so he would be unhappy.

He does not know the reason why he is jealous of his brother, for he loves him, and they do not quarrel much, even when the other cheats at play. It is in the morning and at night that he is most beset by his manias, and he feels things would go wrong night or day if he did not perform them. He declares: "I always seem to want to do something I do not want to, because I do not want to." He does not know why. He has no shame of body or sex, as he has been fully instructed. He is very religious, believing in heaven and hell, that he must be good, and feels that he ought to make himself sad because he does not like to be sad; but he is so prone to sadness that even as a baby music made him cry. So conscientious is he that he undertakes every task with too great violence, quickly becomes exhausted, and then has to fight against the dreamy tendency which supervenes.

Treatment. Having explained together the genesis of his desire for penance, we decided to concentrate attention upon only one of his manias at a time, in order to break one by one the habits he had formed, and he was to take up carpentry work in order to combat the tendency to day-dreaming. His diet was also rectified.

More and more control was soon obtained. On last hearing from him, a year later, he had taken a position, and had overcome his disabilities.

The psychogenetic factor in this case was obviously the unwise manner in which an affectionate infant's natural jealousy was reproved by over-religious relatives. The awfulness of the sin fostered the poor boy's shame thereat, and led him to the type of expiation which follows from a misapplied asceticism.

Genetic Types of Psychasthenia: Relation to Hysteria, etc. Thus in its essence psychasthenia arises as a reaction of

discomfort and anguish against unnatural repressions. It is psychogenic in this form; but there is perhaps another type which precedes from a general uneasiness of the body due to a toxic factor.

Case V.—Such was the case of a child, aged two years, whom I saw in the dispensary at the Children's Hospital, of Washington, with Dr. Donally. Distressing howling without relation to extraneous stimuli, the eating of sand and clay, the maintaining of a large deep sore on the wrist by scratching were among the chief symptoms which betrayed her general discomfort, against which these were morbid reactions. I interpreted them as due to what would have been shown in older people by a sentiment of incompleteness. The cause was believed to be a diet almost exclusively of strong coffee and milk since the age of three months. The case was reported in full to the Society of Psychology of Paris, and was published in *Pediatrics*, 1910.

A Symptom which is Usually Psychoasthenic is Stammering. Case VI.—The ten-year-old son of a Washington attorney was referred in November, 1910, by Dr. Spiller, of Philadelphia, for advice regarding a stammer of two years' duration and for "general nervousness."

A brother who had formerly stammered at the same age had recovered after six months spontaneously; but the expectations of the parents that this boy's stammer also would disappear were not fulfilled. He stammered worse when tired or when intent upon speaking correctly. In play, he rarely stammered, and a sentence was never interrupted by a stammer. The boy was fidgety, especially on speaking; but his writing was not jerky. His attention was easily tired. He was not overstudious. He did not tremble. He was not constipated. He detected differences of pitch.

His chest was contracted in front, and measured during quiet speaking twenty-three and one-half inches, expanding to twenty-four and one-half inches. By forced inspiration it could reach twenty-nine and one-quarter inches. In singing he expanded to twenty-seven and one-quarter inches. The scaphoid scapula was not present.

I omit the detailed psychic examination for the sake of brevity. In short, the cause of the stammer was a common one, the dread lest he should stammer, added to or supplemented by an insufficient preliminary inspiration. The attempt to force the voice to overcome these difficulties only added to the glottic spasm, and the contortion of the muscles of forced expiration due to his apprehension.

A series of exercises in control led to his recovery in a few months. Now the treatment of this boy succeeded only by virtue of taking into due account the psychoasthenic factor in the production of his stammer; and while that was attended to, the boy remained well for several months. When a few months ago this was neglected a relapse occurred.

The fact that a disorder may be psychogenic does not identify it with hysteria, the psychogenic disorder *par excellence*. There is still much difference of opinion how we shall define hysteria; but as I see it, the essential character of the disorder is that it is induced by an idea. This may be either revived from the patient's mind by an occurrence which strikes an associating idea or it may be direct by what is regarded as suggestion. The mechanism is the same in each case, and the term suggestion is appropriate for both.[8]

The induction which results in psychasthenia, unlike that in hysteria, is indirect. The patients indeed are not suggestible, and cannot be hypnotized as can hystericals. What is induced is a general state of ashamedness, timidity, and scruple; and it is from this morbid root which spring, by psychological processes entirely natural, the train of ruminations, anxieties, morbid fears, and manias to touch, to count, to search the past or future, to explain, to verify, and repeat, to attain perfection, and the mysticism which springs from this desire. The mania to compensate, to expiate, and to make compacts with Fate, too, proceed from a feeling of unworthiness which a scrupulous person has. From this root spring also the morbid fears of objects, of situations, even of one's own thoughts and bodily functions. The anxiety neurosis is simply one of the ways in which is manifested the psychasthenic state. A full discussion of the reason for the belief in disagreement with Freud is given by Janet, but would take too long to recapitulate.

The relation of psychasthenia to tic has been indicated above. The impulsion to tic is derived from the general discomfort and nervous instability being focussed by peripheral or central irritation upon some particular part of the body or upon some action. One type of occupational dyskinesis is an interference with the action desired through an impulsive tic which takes possession of the muscles needed for the desired act. In the author's[9] studies of writer's and telegrapher's cramps, this is discussed at greater length.

Finally, neurasthenia must be considered. I am of those who believe it advisable to cease the use of this term, or at least to restrict it entirely to cases of abnormal fatiguability which is not induced by an idea nor caused by infections or toxines, disorders of metabolism or perturbations of the internal secretions. It is certain that psychasthenic symptoms appear quite apart from fatigue, which psychasthenics can sometimes support for long periods. Hence the treatment of the disease by extranutrition, rest, or any physical procedures is in psychogenic cases both

[8] See Nature of Hysteria, Int. Clin., 1908, iii; also Amer. Jour. Med. Sci., August, 1910.

[9] Jour. Psych. u. Neurol., Leipzig, May, 1912; see also Jour. Abnorm. Psych., June-September, 1912.

superfluous and harmful, in that it detracts attention from the real source, namely, the psyché of the patient.

For Correct Treatment. Proper knowledge of the constitution of the mind of the child is the only foundation upon which to build this successful therapeusis. The diagnosis into categories, such as hysteria, neurasthenia, phobia, monomania, followed by an empirical treatment, is utterly useless because not accompanied by adequate notions of the process occurring in the mind of the patient. Doctors who treat neurotic persons with such inadequate equipment will meet with even less success than do the followers of an unlicensed cult; for these have a conception, however erroneous, of psychological mechanisms, and it is a conception which happens to fit a certain proportion of cases, whereas the usual physician's conception fits none at all. And a neurotic who gets well under his care does so not because of his medical treatment.

Now psychological mechanisms are most pure, and hence most easily understood in children; and it is in order to appeal to pediatrists and physicians for proper study of the nervous children they see that I bring before the profession the foregoing considerations.

I should like to add that one of the reasons why pediatrists do not take more interest in neurotic children is because the books generally take this subject up in such an unsatisfactory, vague manner. Epithets rather than causal mechanisms seem their aim. My paper is an attempt to show some mechanisms at work in individual children. The analysis and therapy do not require any special ability, merely a serious study of the child's usual and unusual modes of thought. Most of us can study this upon our own children. Besides, the analysis is easier than in the adult, for a child has less complicated motives for concealments.

Psychic disorders should be observed and analyzed clinically by a scientific method essentially similar to that used in all clinical and experimental medicine. Loose general terms have no diagnostic value until conceived with definite meaning. Such an *olla podrida* as "neurasthenia" must be either restricted or abolished if progress is desired.

Of the cognomen hysteria the same may be said, unless the term is used in a definite sense like that of Babinski, "any symptom producible by suggestion." The lesson of my cases is not the cognominal diagnosis, psychasthenia, but the revelation of the mechanism of each separately, and its removal by rational measures very different from those found in any text-book of pediatrics or even neurology.

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